



COPY

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REISSUE APPLICATION DECLARATION BY THE INVENTOR

Docket Number (Optional)
4765

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is described and claimed in patent number 5,717,204, granted February 10, 1998, and for which a

reissue patent is sought on the invention entitled Inspecting Optical Masks With
Electron Beam Microscopy

the specification of which

☐ is attached hereto.

☒ was filed on February 10, 2000 as reissue application number 09/ 502,534
and was amended on _____
(If applicable)

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

☐ by reason of a defective specification or drawing.

☒ by reason of the patentee claiming more or less than he had the right to claim in the patent.

☒ by reason of other errors.

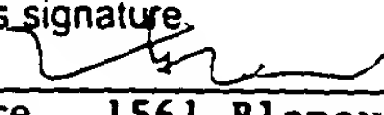
At least one error upon which reissue is based is described as follows:

My intent to claim all disclosed embodiments of the invention was not carried out through the course of prosecution of unnecessarily restricted claims by my former attorney of record.

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[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.5 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

(REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)		Docket Number (Optional) 4765	
All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant. As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.			
Name(s)		Registration Number	
<u>Laura A. Majerus</u>		<u>33,417</u>	
<u>Trinidad Arriola Kern</u>		<u>44,012</u>	
Correspondence Address: Direct all communications about the application to:			
<input type="checkbox"/> Customer Number		Place Customer Number Bar Code Label here	
OR		Type Customer Number here	
<input checked="" type="checkbox"/> Firm or Individual Name	Fenwick & West LLP		
Address	Two Palo Alto Square		
Address			
City	Palo Alto	State	CA
Country	U.S.A.		
Telephone	(650) 494-0600	Fax	(650) 494-1417
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.			
Full name of sole or first inventor (given name, family name) Dan Meisburger			
Inventor's signature			
Residence 1507 Montalban Drive San Jose, CA 95120-4830		Date	
Post Office Address		Citizenship	
Full name of second joint inventor (given name, family name) Alan D. Brodie			
Inventor's signature		Date	
Residence 998 Van Auken Circle Palo Alto, CA 94303		Citizenship	
Post Office Address			
Full name of third joint inventor (given name, family name) Zhong-Wei Chen			
Inventor's signature 		Date 9/8/2000	
Residence 1561 Blaney Avenue San Jose, CA 95129		Citizenship	
Post Office Address			
<input checked="" type="checkbox"/> Additional joint inventors are named on separately numbered sheets attached hereto.			

Please type a plus sign (+) inside this box → ☐

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DECLARATION

ADDITIONAL INVENTOR(S)

Supplemental Sheet

Page 1 of 4

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Jack Y.				Jau			
Inventor's Signature				Date			
Residence: City	Los Altos Hills	State	CA	Country	U.S.A.	Citizenship	
Post Office Address	11020 Magdalena Road						
Post Office Address							
City	Los Altos Hills	State	CA	ZIP	94024	Country	U.S.A.
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Paul				Sandland			
Inventor's Signature				Date			
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Richard				Simmons			
Inventor's Signature				Date			
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 2 of 4

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Dave E. A.				Smith			
Inventor's Signature				Date			
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Bans				Dohse			
Inventor's Signature				Date			
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Dennis G.				Emge			
Inventor's Signature				Date			
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3 of 4

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
John				Greene			
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Lee				Veneklasen			
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Ming-Yie				Ling			
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Post Office Address		19584 Via Monte Drive					
Post Office Address							
City		State		ZIP		Country	
Saratoga		CA		95070		U.S.A.	

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ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 4 of 4

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Surendra G.				Lele			
Inventor's Signature				Date			
Residence: City	Cupertino	State	CA	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	21763 Ragnart Court						
Post Office Address							
City	Cupertino	State	CA	ZIP	95014	Country	U.S.A.
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Kirkwood				Rough			
Inventor's Signature				Date			
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature				Date			
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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**ADDED PAGE TO DECLARATION AND POWER OF ATTORNEY FOR SIGNATURE BY A JOINT INVENTOR ON BEHALF
OF OMITTED INVENTOR(S) WHO REFUSE(S) TO SIGN OR CANNOT BE REACHED PURSUANT TO
37 CFR 1.47(a)**

I am a co-inventor for the above-referenced reissue application and have signed this declaration on my own behalf and under 37 CFR 1.47(a) on behalf of the omitted joint inventor(s), named: Dan Meisburger who refuses to sign this declaration.

It is my information and belief that the country of citizenship of the omitted joint inventor is: USA.

It is my information and belief that the residence address and last known address of the omitted inventor is the address stated above, next to the name of the omitted inventor.

It is my information and belief that the omitted inventor is an original, first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention stated above.

Accompanying this declaration is a declaration of facts in support of filing on behalf of the omitted inventor and the petition fee as stated in 37 CFR 1.17(i).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.



Case Docket No. 4765US